

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	70205	9-11-99
O.I.P.E. CLASSIFIER			9-20-99
FORMALITY REVIEW	SB	#071133	9-23-99

INDEX OF CLAIMS

☐ Rejected
☐ Allowed
☐ (Through numeral)... Canceled
☐ Restricted
☐ N Non-elected
☐ I Interference
☐ A Appeal
☐ O Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

Best Available Copy

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